

Iowa Department of Human Services

AUTHORIZATION TO TAKE AND USE PHOTOGRAPHS

I (We) hereby voluntarily grant permission to take and use photographs of myself (ourselves) for the **specific** purpose of _____.

I (We) understand that the photographs will be used solely for this purpose.

I (We) understand that the photographs will be used without compensation and will become the property of _____.

I (We) agree to hold the Iowa Department of Human Services and any employee of the Department harmless for any liability occasioned by my (our) inclusion in the photographs.

Signature			
Relationship			Date
Address	City	State	Zip Code
Photographer			Date
Employer			Date